

POINTS TO REMEMBER FOR CLINICAL PRACTICE

Psychiatric manifestations

Schizophrenia and Psychotic Disorders

- There are **few case reports** in the literature describing the association between schizophrenia and Trisomy 21.
- Recent data on schizophrenia and psychotic disorders in individuals with T21 consistently indicate that **these disorders are rarely diagnosed in individuals with T21 (< 1% in general)**.
- **Psychotic elements** may appear in the clinical presentation of other psychiatric disorders that are more common in individuals with T21 than schizophrenia, such as **autism, depressive disorder or dementia**.
- When applying diagnostic criteria, it is important to consider **the characteristics of ID** as well as the **specific phenotypic characteristics** of individuals with T21.
- In individuals with moderate/severe intellectual disability, **talking aloud to self (soliloquy) is common/frequent and should not necessarily be interpreted as indicative of a psychotic disorder**.
- Trisomy 21 is associated with particularly poor verbal skills, and the diagnostic criteria for schizophrenia and psychotic disorders rely heavily on the subject's self-reporting of their psychotic experiences. **It is not known whether the scarcity of schizophrenia reports in individuals with T21 is related to protection from the disease or to poor verbal skills**.
- Schizophrenia in individuals with T21 **responds well to neuroleptic treatment**.